

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		4					55				
6		2					56				
7		4					57				
8		2					58				
9		4					59				
10		2					60				
11		1					61				
12		1					62				
13	1						63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21	1						71				
22		1					72				
23		2					73				
24		2					74				
25		4					75				
26		2					76				
27		4					77				
28		4					78				
29		4					79				
30		2					80				
31		4					81				
32		2					82				
33		2					83				
34		2					84				
35		1					85				
36		2					86				
37		1					87				
38		1					88				
39		2					89				
40		2					90				
41		1					91				
42		2					92				
43		1					93				
44		2					94				
45		1					95				
46		2					96				
47		1					97				
48		2					98				
49		1					99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	87						TOTAL DEP.				
TOTAL CLAIMS	90						TOTAL CLAIMS				